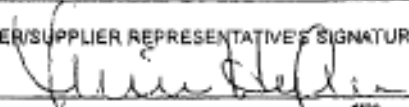


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL065011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHERWOOD MANOR REST HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1605 ROBINHOOD ROAD WILMINGTON, NC 28401</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments  This is a Report of a Biennial Follow-up Survey conducted by Greg Cates and Ed Miller on September 17, 2015.  Some of the previously cited deficiencies have not been corrected and will require further action	(C 000)		
(C 164)	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: I. The facility has failed to meet the rule for keeping walls, ceilings and floors in good repair. There is a pattern of wall, ceiling, floors and doors in need of maintenance, and repair including but not limited to specific examples as listed below.  A. Findings on 07/17/2015 1. Living Room b. The bottom rail on the side exit door is rotting and the wood door surface facing is delaminating.  Findings from 09/17/2015 No Change  3. Beauty Parlor a. The wall above the thru wall HVAC unit is damaged.	(C 164)	CONSTRUCTION SECTION OCT 12 2015 RECEIVED  Door Repair  Repair Wall	10.23.15  10.23.15

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Admin</b>	(X6) DATE <b>10/12/2015</b>
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL065011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 09/17/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHERWOOD MANOR REST HOME

1605 ROBINHOOD ROAD  
WILMINGTON, NC 28401

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(C 164)	Continued From page 1  Findings from 09/17/2015 No Change  7. Room #3 b. The door to the corridor is missing its latch and latch plate.  Findings from 09/17/2015 No Change  9. Room #21 - The wall paint is marred and scratched.  Findings from 09/17/2015 No Change  11. Large Bath #2 a. The ceramic tile is cracked at the shower half wall.  Findings from 09/17/2015 No Change  II. Based on observation the rule is not met as evidenced by a pattern ceilings and floors not maintained in a clean condition.  A. Finding on 07/17/2015:  3. Facility - There is a pattern of floor areas stained with wax build up and wax build up around the bottom of door frames.  Findings from 09/17/2015 Although the floors have been waxed recently, it appears they were not cleaned properly prior to waxing as hair, dirt, and other items are embedded into the wax.	(C 164)	Replace latch  Paint wall  Repair tile crack          floors cleaned around bottom of door frames	10-23-15  10-23-15  10-23-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL065011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 09/17/2015
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(C 166)	Continued From page 2	(C 166)		
(C 166)	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the facility is not maintained free from from hazards such as overloaded electrical circuits and obstructions to electrical panel access.  A. Findings on 07/17/2015: 2. Exterior Mechanical Room a. There are items stored in front of the electrical panels.  Findings from 09/17/2015 No Change	(C 166)		
(C 189)	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	(C 189)	Remove all items in front of electrical panels	10-23-15

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SHERWOOD MANOR REST HOME

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Division of Health Service Regulation

STATE FORM

available

OFNS22

If continuation sheet 4 of 4

# SHERWOOD MANOR REST HOME, INC.

1605 ROBIN HOOD ROAD

WILMINGTON, NORTH CAROLINA 28401

(910) 762-9531 (910) 762-9544 FAX: (910) 762-5497

10-12-15

## Monitoring Plan:

Once a month a walk thru of facility will be done to inspect all aspects of Housekeeping and Furnishings; conducted by Chris Hufner, administrator.